

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001607

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149Primary Registration District No. 1002Registrar's No. 18

FILED JAN 21 1963

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN KANSAS CITYLength of stay in 1b  
5 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION JACKSON COUNTY HOSPITALInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY  
OR TOWN

INDEPENDENCE

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS(If outside, give location)  
1228 W. LINDENReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Nellie

Middle

M.

Last

Greer

4. DATE  
OF DEATH

Month

Day

Year

January 2, 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

3-15-1894

## 9. AGE (last birthday)

68

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

## 10b. KIND OF BUSINESS OR INDUSTRY

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## 11. BIRTHPLACE (City and state or country)

INDEPENDENCE, MO.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

GEORGE W. BURNHAM

## 13b. MOTHER'S MAIDEN NAME

MARY HAMBY

## 14. NAME OF HUSBAND OR WIFE

FRANK GREER - Dec.'d.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Edward L. CRONENBOLD, 1228 W. Linden, Indep.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Lung carcinoma

INTERVAL BETWEEN  
ONSET AND DEATH

1 year

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-21-61 to 1-2-63 and last saw her alive on 1-2-63  
Death occurred at 7:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Robert S. Mosser MD

## 22b. ADDRESS

Independence, Missouri

## 22c. DATE SIGNED

1-3-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
BURIAL23b. DATE  
1-5-6323c. NAME OF CEMETERY OR CREMATORY  
WOODLAWN CEMETERY

23d. LOCATION (City, town, or county)

INDEPENDENCE, MISSOURI

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

GEO. J. CARSON &amp; SONS, INDEPENDENCE, MO.

## 25. DATE RECD. BY LOCAL REG.

1-3-63

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

Robert S. Mosser MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Marshall E. Blackwell*

Licensed Embalmer No.

*4713*

P. O. Address

*Raytown Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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